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MAPS

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24498 7590 06/08/2006

THOMSON LICENSING INC.
 PATENT OPERATIONS
 PO BOX 5312
 PRINCETON, NJ 08543-5312

08/22/2006 RMEBRAH1 00000035 070832 09486545

01 FC:1501 1400.00 DA
 02 FC:8001 12.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09486,545	09/01/2000	Sheila Renee Crosby	RCA 88696	8707

TITLE OF INVENTION: SYSTEM AND METHOD FOR NAVIGATING WITHIN A DISPLAY HAVING DIFFERENT DISPLAY SECTIONS

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Lori Klewin	(Depositor's name)
<i>Lori Klewin</i>	(Signature)
August 16, 2006	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHUONG, TRUC T	2179	715-851000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Joseph J. Laks 2 Robert D. Shedd 3 Brian J. Cromarty
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Thomson Licensing

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boulogne-Billancourt, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

16 Aug 2006

Typed or printed name

Brian J. Cromarty

Registration No.

L0027

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